

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
P.O. Box 844
Jefferson City, MO 65102



HAZARDOUS MATERIALS APPLICATION
For Testing and Certification

Part I - To be completed by applicant.

Name: _____
(Last) (First) (Middle)

Home Address: _____ D.O.B. _____

City: _____ State: _____ Zip: _____ County: _____

Home: _____ Business _____
Phone:() Phone:() S.S.N.: _____

Fire Department: _____ Dept. FDID # _____

Business address: _____

City: _____ State: _____ Zip: _____ County: _____

(Signature) (Date)

Part II - To be completed by lead instructor.

It is hereby confirmed that the above applicant has successfully completed an approved course on:

_____ Awareness _____ Operations _____ Combined

Location: _____

Signed: _____ Date: _____
(lead instructor or agency head)

Testing will be scheduled, through an approved "Testing Agency", by the Division of Fire Safety and the department requesting testing.

Part III - To be completed by applicants Fire Chief.

I certify that the above applicant meets the physical requirements set down by the
_____ to perform the duties required by NFPA 472.

(authority having jurisdiction)

Signature: _____ Date: _____